

## Foster Family Home - Corrective Action Report

Provider ID: 2-632887

Home Name: Michelle Champion, CNA

Review ID: 2-632887-5

14-3433 Nanawale Boulevard

Reviewer: Carol Copeland

Pahoa

HI 96778

Begin Date: 6/13/2019

## Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection performed to recertify two client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 7/13/19.

## Foster Family Home Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) No current Fieldprint in home binder for CG # 3.

## Foster Family Home Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) No current TB clearance for CG # 3. No TB clearance for CG # 1 for 2018 in home binder.

41.(c) No current annual training for CG # 3.

Carol Copeland RN, MSW  
Compliance ManagerMichelle Champion  
Primary Care Giver6/13/19  
Date6/13/19  
Date

**Community Care Foster Family Home (CCFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1434**

**CCFH Name:** Champion Adult Foster Home Care  
**CCFH Address:** 14-3433 Nanawale Blvd, Pahoehoe, HI 96778

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(9)(1)	Caregiver #3 Fingerprint Done + in binder	6/20/19	requirements are now shown on yearly chart w/ 2 mos notice ahead of deadline. Each requirement is highlighted w/ person's name due. The fulfilled requirement is then checked off + copy placed in binder
41(b)(7)	CG #3. Current TB clearance done + in binder  CG #1 for 2018 TB clearance not done (I checked w/ Dr.'s office + DOT - no record) Unable to correct for 2018.	4/19/19	
41(c)	CG #3 Current annual training 8 hr. certificate in binder	8/31/18	

**Primary Caregiver's Signature:** 

**Print Name:** Michelle S. Champion

**Date of Signature:** 6/25/19